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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 12189

**Title:** Cardiovascular co-morbidity in chronic kidney disease: current knowledge and future research needs

**Reviewer code:** 00503014

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-26 17:07

**Date reviewed:** 2014-07-31 14:46

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

CKD is a worldwide health problem and is associated with high morbidity, mortality and healthcare costs. CKD is an independent risk factor for adverse health outcomes including cardiovascular disease. The authors had written a good related-article here. Some comments to the authors:

1. At anemic section There are emerging studies in the correlation between iron and CAD. The authors may add this issue for their work.
2. At Ca-P section The authors may consider the issue that the impact of CAD risk reduction from different P -binder agents or vitamin- D treatment.
3. How is about the uric acid role in CAD prevention for CKD patients?
4. The last section: Future research needs It is too long and lack of citation for the paragraph "Several markers have a clear association with current and subsequent CV outcomes including; reduced GFR, Albuminuria, Troponins, Phosphate, Vitamin D, FGF-23 and NT-proB- NP."



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 12189

**Title:** Cardiovascular co-morbidity in chronic kidney disease: current knowledge and future research needs

**Reviewer code:** 00503020

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-26 17:07

**Date reviewed:** 2014-08-06 08:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This simplistic review is not well written and most areas require improvement. It is written at a student level of academic performance. I am surprised it even went out for review. Abstract I think it odd launching into specificity of echocardiography in the abstract. The way the sentence is written it implies echocardiographic studies are responsible for the mortality! BP is missed as a traditional risk factor (probably the most important). I would not state that non-traditional risk factors are uremia specific! Oxidative stress and inflammation may occur in many other contexts. Core tip As per my comments above. Main text I would not use loose terms such as renal dysfunction, stick to CKD. Defining CKD Please delete citation 7, it is out of date. Please accurately define CKD as per citation 8. The authors do not mention albuminuria a key component of the CKD definition now. Risk factors Again the authors neglect hypertension!! Please remove the term uremia specific, they are not. Overall this review is overly simplistic and adds little to the current literature.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 12189

**Title:** Cardiovascular co-morbidity in chronic kidney disease: current knowledge and future research needs

**Reviewer code:** 00225292

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-26 17:07

**Date reviewed:** 2014-08-08 00:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The results and Comparisons Presented in the paper is really good.